

Individual NPDES Application

Form 1

Form 2C

Please type. Do not complete by hand.

FORM 1 GENERAL	EPA	Check ID#: CP4197 Document#: 18356 Org/Place/Person: 104163 Revenue ID#: 948212	I. EPA I.D. NUMBER 0H0144711
LABEL ITEMS			
I. EPA I.D. NUMBER			
III. FACILITY NAME			
V. FACILITY MAILING ADDRESS			
VI. FACILITY LOCATION			

OIL00162

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through G to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S. ? (FORM 2D)		X	
E. Is this a facility which does not discharge process wastewater ? (FORM 2E)		X		F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)		X	
G. Do you generate sewage sludge that is ultimately regulated by Part 503? Do you generate sewage sludge that is sent to another facility for treatment or blending? Do you process or derive material from sewage sludge that is disposed in a manner subject to Part 503? (FORM 2S)		X					

III. NAME OF FACILITY

Scott Farm

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, title)	B. PHONE (area code & no.)
Barry Alexin, Engineer	(330) 627 - 1400

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
95 North Lisbon Street	Carrollton	Ohio	44615

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
Section 24, T-13-N R-7-W, Mill Township		Dennison	Ohio	44621	

RECEIVED

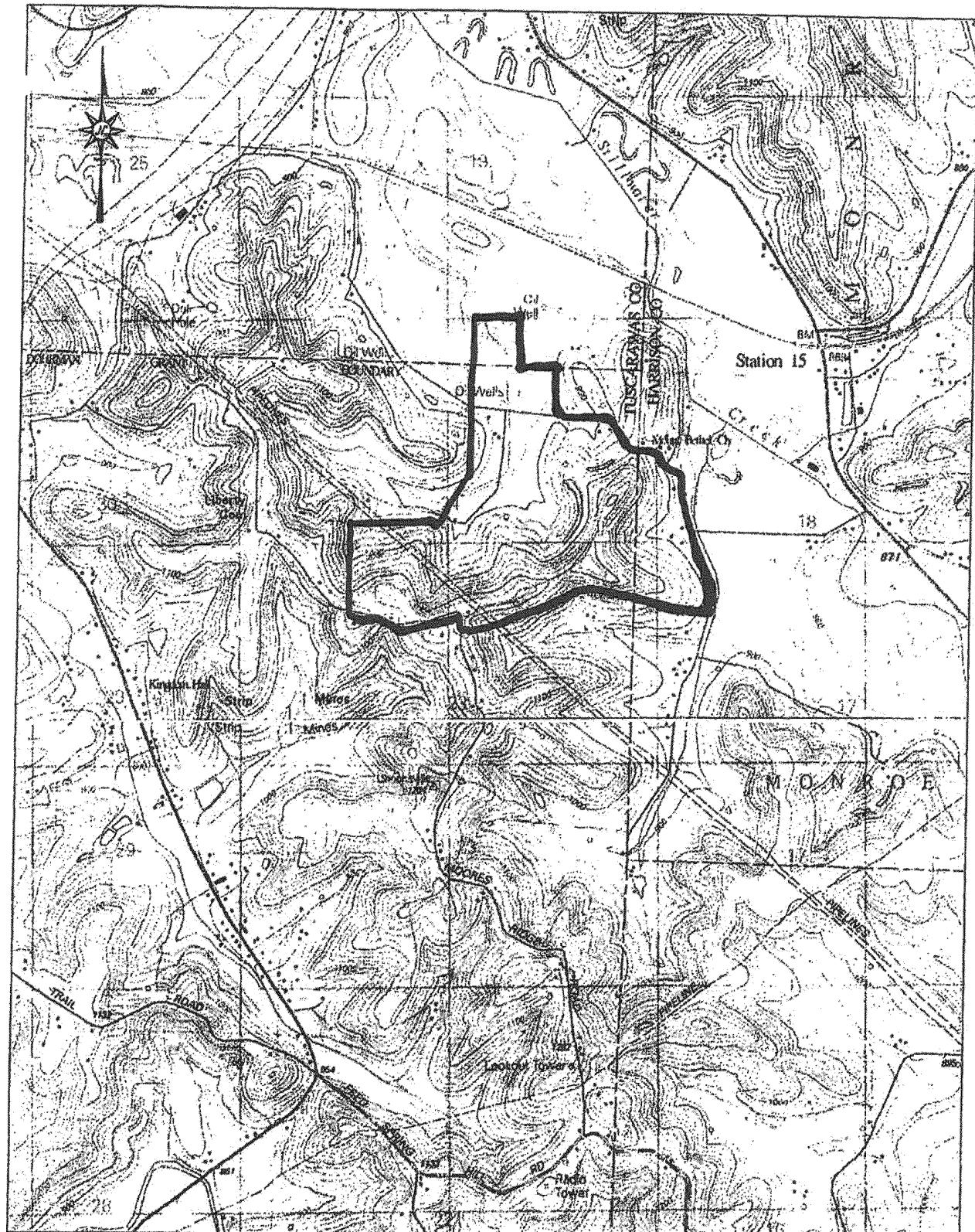
Please type. Do not complete by hand.

FORM 1 GENERAL	EPA U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting)</i>			I. EPA I.D. NUMBER		
LABEL ITEMS	<p style="text-align: center;">Ohio EPA does not provide labels. Enter this information in items I, III, V and VI.</p>			If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in below. Also, if any of the preprinted data is absent (<i>the area to the left of the label space lists the information that should appear</i>), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (<i>except VI-B which must be completed regardless</i>). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.		
I. EPA I.D. NUMBER						
III. FACILITY NAME						
V. FACILITY MAILING ADDRESS						
VI. FACILITY LOCATION						
II. POLLUTANT CHARACTERISTICS						
INSTRUCTIONS: Complete A through G to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .						
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	MARK 'X'	
		YES	NO		FORM ATTACHED	YES
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)			X	B. Does or will this facility (<i>either existing or proposed</i>) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)		X
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (<i>other than those described in A or B above</i>) which will result in a discharge to waters of the U.S. ? (FORM 2D)		X
E. Is this a facility which does not discharge process wastewater ? (FORM 2E)			X	F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)		X
G. Do you generate sewage sludge that is ultimately regulated by Part 503? Do you generate sewage sludge that is sent to another facility for treatment or blending? Do you process or derive material from sewage sludge that is disposed in a manner subject to Part 503? (FORM 2S)			X			
III. NAME OF FACILITY						
Scott Farm						
IV. FACILITY CONTACT						
A. NAME & TITLE (last, first, title)					B. PHONE (area code & no.)	
Barry Alexin, Engineer					(330) 627 - 1400	
V. FACILITY MAILING ADDRESS						
A. STREET OR P.O. BOX						
95 North Lisbon Street						
B. CITY OR TOWN				C. STATE	D. ZIP CODE	
Carrollton				Ohio	44615	
VI. FACILITY LOCATION						
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER						
Section 24, T-13-N R-7-W, Mill Township						
B. COUNTY NAME						
Tuscarawas						
RECEIVED						
C. CITY OR TOWN				D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
Dennison				Ohio	44621	
Ohio Environmental Protection Agency Southeast District						

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)									
<table border="1"> <tr> <td colspan="2">A. FIRST <i>(specify)</i></td> <td colspan="2">B. SECOND <i>(specify)</i></td> </tr> <tr> <td colspan="2">C. THIRD <i>(specify)</i></td> <td colspan="2">D. FOURTH <i>(specify)</i></td> </tr> </table>		A. FIRST <i>(specify)</i>		B. SECOND <i>(specify)</i>		C. THIRD <i>(specify)</i>		D. FOURTH <i>(specify)</i>	
A. FIRST <i>(specify)</i>		B. SECOND <i>(specify)</i>							
C. THIRD <i>(specify)</i>		D. FOURTH <i>(specify)</i>							
VIII. OPERATOR INFORMATION		<table border="1"> <tr> <td colspan="2">A. NAME Rosebud Mining Company</td> <td colspan="2">B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		A. NAME Rosebud Mining Company		B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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<table border="1"> <tr> <td colspan="2">C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE</td> <td colspan="2">D. PHONE (area code & no.) (330) 627 - 1400</td> </tr> </table>				C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE		D. PHONE (area code & no.) (330) 627 - 1400			
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<table border="1"> <tr> <td colspan="2">E. STREET OR P.O. BOX 95 North Lisbon Street</td> <td colspan="2">G. STATE Ohio</td> </tr> </table>				E. STREET OR P.O. BOX 95 North Lisbon Street		G. STATE Ohio			
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<table border="1"> <tr> <td colspan="2">H. ZIP CODE 44615</td> <td colspan="2">IX. INDIAN LAND Is this facility located on Indian lands? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>				H. ZIP CODE 44615		IX. INDIAN LAND Is this facility located on Indian lands? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to surface water)	D. PSD (Air emissions from proposed sources)								
B. UIC (Underground injection of fluids)	E. OTHER (specify) <i>(specify)</i>								
C. RCRA (Hazardous waste)	F. OTHER (specify) <i>(specify)</i>								
XI. MAP Attach to this application a topographical map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.									
XII. NATURE OF BUSINESS (provide a brief description) Coal Waste Disposal Facility									
XIII. CERTIFICATION (see instructions) I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.									
A. NAME & OFFICIAL TITLE (type or print) Barry J. Alexin, Engineer	B. SIGNATURE 		C. DATE SIGNED 12-16-2013						
COMMENTS FOR OFFICIAL USE ONLY									

LRH-2011-198-TLS
Exhibit 1a



ROSEBUD MINING COMPANY
SCOTT
UHRICHVILLE AND TIPPECANOE QUADRANGLES
TUSCARAWAS & HARRISON COUNTY, OHIO
SCALE: 1" = 2000' DATE: 3/24/10
PERMIT BOUNDARY

PREPARED BY:
BAIR, GOODIE AND ASSOCIATES, INC.
153 NORTH BROADWAY
NEW PHILADELPHIA, OHIO 44663
PHONE (330) 343-3499

RSPF107

LRH-2011-198-UT Stillwater Creek

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form I)

FORM
2C
NPDES



U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001							Unnamed tributary to Stilwater Creek
002							Unnamed tributary to Stillwater Creek
003							Unnamed tributary to Stillwater Creek
004							Unnamed tributary to Stillwater Creek
005							Unnamed tributary to Stillwater Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
001			Storm water runoff	1-U
			Discharge to surface water	4-A
002			Storm water runoff	1-U
			Discharge to surface water	4-A
003			Storm water runoff	1-U
			Discharge to surface water	4-A
004			Storm water runoff	1-U
			Discharge to surface water	4-A
005			Storm water runoff	1-U
			Discharge to surface water	4-A
006			Storm water runoff	1-U
	Ohio Environmental Protection Agency Southeast District		Discharge to surface water	4-A

OFFICIAL USE ONLY (effluent guidelines sub-categories)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in items II-A or B intermittent or seasonal?								
<input type="checkbox"/> YES (complete the following table)		<input checked="" type="checkbox"/> NO (go to Section III)						
1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				C. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)	B. TOTAL VOLUME (specify with units)		1. LONG TERM AVERAGE	
III. PRODUCTION								
A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?								
<input checked="" type="checkbox"/> YES (complete Item III-B)		<input type="checkbox"/> NO (go to Section IV)						
B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?								
<input checked="" type="checkbox"/> YES (complete Item III-C)		<input type="checkbox"/> NO (go to Section IV)						
C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.								
1. AVERAGE DAILY PRODUCTION							2. AFFECTED OUTFALLS (list outfall numbers)	
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)						
IV. IMPROVEMENTS								
A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.								
<input type="checkbox"/> YES (complete the following table)		<input checked="" type="checkbox"/> NO (go to Item IV-B)						
1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT			4. FINAL COMPLIANCE DATE		
	a. NO.	b. SOURCE OF DISCHARGE				a. REQUIRED	b. PROJECTED	
B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.								
<input type="checkbox"/> MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED								

EPA I.D. NUMBER (*copy from Item 1 of Form I*)

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

 YES (*list all such pollutants below*) NO (*go to Item VI-B*)

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VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

 YES (identify the test(s) and describe their purposes below) NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

 YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

Barry J. Alexin, Engineer

B. PHONE NO. (area code & no.)

(330) 627-1400

C. SIGNATURE

D. DATE SIGNED

12-16-2013

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

	2. EFFLUENT				3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE (⁽¹⁾ CONCENTRATION)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. CONCENTRATION (⁽¹⁾)	b. MASS	a. LONG TERM AVERAGE VALUE (⁽¹⁾ CONCENTRATION)
1. POLLUTANT									
a. Biochemical Oxygen Demand (BOD)									
b. Chemical Oxygen Demand (COD)									
c. Total Organic Carbon (TOC)									
d. Total Suspended Solids (TSS)									
e. Ammonia (as N)									
f. Flow	VALUE	VALUE	VALUE						
g. Temperature (winter)	VALUE	VALUE	VALUE						
h. Temperature (summer)	VALUE	VALUE	VALUE						
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM					
									STANDARD UNITS

PART B - Mark "X" in column 2-a for each pollutant you believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant which is limited either directly, or indirectly, or expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2-a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

2. MARK "X"		3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
1. POLLUTANT AND CAS NO. (if available)	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (⁽¹⁾ CONCENTRATION)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION (⁽¹⁾)	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
a. Bromide (24939-67-9)	X									
b. Chlorine, Total Residual	X									
c. Color	X									
d. Fecal Coliform	X									
e. Fluoride (16934-48-8)	X									
f. Nitrate-Nitrite (as N)	X									

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"	3. EFFLUENT						4. UNITS						5. INTAKE (optional)	
		b. PRESENT	b. BELOWED ABSENT	a. MAXIMUM DAILY VALUE (¹) CONCENTRATION	b. MASS (²) MASS	b. MAXIMUM 30 DAY VALUE (¹) (if available)	c. LONG TERM AVRG. VALUE (¹) (if available)	d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS (¹) CONCENTRATION	b. MASS (²) MASS	a. CONCEN- TRATION	b. MASS (²) MASS	b. NO. OF ANALYSES	
g. Nitrogen, Total Organic (as N)	X														
i. Phosphorus (as P), Total (7725-14-0)	X	X													
j. Radioactivity															
(1) Alpha, Total	X														
(2) Beta, Total	X	X													
(3) Radium, Total	X	X													
(4) Radium 226, Total	X	X													
k. Sulfate (as SO ₄) (14808-79-8)	X														
l. Sulfide (as S)	X	X													
m. Sulfite (as SO ₃) (14265-45-3)	X	X													
n. Surfactants		X													
o. Aluminum, Total (7429-90-5)	X														
p. Barium, Total (7440-59-3)	X	X													
q. Boron, Total (7440-42-6)	X	X													
r. Cobalt, Total (7440-48-4)	X	X													
s. Iron, Total (7435-98-6)	X	X													
t. Magnesium, Total (7439-95-4)	X														
u. Molybdenum, Total (7439-98-7)	X														
v. Manganese, Total (7439-98-5)	X														
w. Tin, Total (7440-31-5)	X														
x. Titanium, Total (7440-32-6)	X														

EPA I.D. NUMBER (copy from Item 1 of Form I)	OUTFALL NUMBER 001
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CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

2. MARK "X"		3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
POLLUTANT AND CAS NUMBER (if available)	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	b. MAXIMUM DAILY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES (1) CONCENTRATION (2) MASS	a. CONCEN- TRATION (1) CONCENTRATION (2) MASS
METALS, CYANIDE, AND TOTAL PHENOLS							
1M. Antimony, Total (7440-36-0)			X				
2M. Arsenic, Total (7440-38-2)			X				
3M. Beryllium, Total (7440-41-7)			X				
4M. Cadmium, Total (7440-43-9)			X				
5M. Chromium, Total (7440-47-3)			X				
6M. Copper, Total (7440-50-8)			X				
7M. Lead, Total (7439-92-1)			X				
8M. Mercury, Total (7439-97-6)			X				
9M. Nickel, Total (7440-02-0)			X				
10M. Selenium, Total (7782-49-2)			X				
11M. Silver, Total (7440-22-4)			X				
12M. Thallium, Total (7440-28-0)			X				
13M. Zinc, Total (7440-86-6)			X				
14M. Cyanide, Total (57-12-5)			X				
15M. Phenols, Total			X				
DIOXIN							
2,3,7,8-Tetra- chlorodibenzo-P- Dioxin (1764-01-6)							
DESCRIBE RESULTS							

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTED REQUIRED	b. PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (¹) CONCENTRATION	b. MASS (2) MASS	c. LONG TERM AVERAGE VALUE (if available) (¹) CONCENTRATION	d. NO. OF ANALYSES	e. CONCEN- TRATION (¹) MASS	f. NO. OF ANALYSES	g. LONG TERM AVERAGE VALUE (¹) MASS	h. NO. OF ANALYSES	
GC/MS FRACTION - VOLATILE COMPOUNDS												
1V. Acrolein (107-02-8)	X	X										
2V. Acrylonitrile (107-13-1)		X	X									
3V. Benzene (71-43-2)		X	X									
4V. Bis (Chloro- methyl) Ether (542-88-1)		X	X									
5V. Bromoform (75-25-2)		X	X									
6V. Carbon Tetrachloride (56-23-5)		X	X									
7V. Chlorobenzene (108-90-7)		X	X									
8V. Chlorodibromo- methane (124-48-1)		X	X									
9V. Chloroethane (75-00-3)		X	X									
10V. 2-Chloro- ethyl vinyl Ether (110-75-8)		X	X									
11V. Chloroform (67-66-3)		X	X									
12V. Dichloro- bromomethane (75-27-4)		X	X									
13V. Dichloro- difluoromethane (75-71-8)		X	X									
14V. 1,1-Dichloro- ethane (75-34-3)		X	X									
15V. 1,2-Dichloro- ethane (107-06-2)		X	X									
16V. 1,1-Dichloro- ethylene (75-35-4)		X	X									
17V. 1,2-Dichloro- propane (78-87-5)		X	X									
18V. 1,3-Dichloro- propylene (542-76-6)		X	X									
19V. Ethylbenzene (100-41-4)		X	X									
20V. Methyl Bromide (74-83-9)		X	X									
21V. Methyl Chloride (74-87-3)		X	X									

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. PRESENT	c. BELOW DETECTED OR ABSENT	a. MAXIMUM DAILY VALUE (¹)	b. MAXIMUM 30 DAY VALUE (<i>if available</i>)	c. LONG TERM AVERG. VALUE (<i>if available</i>)	(¹)	(¹)	(¹)	a. CONCEN- TRATION (¹)	b. MASS CONCENTRATION (¹)	a. LONG TERM AVERAGE VALUE (¹)
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)												
22V. Methylene Chloride (75-09-2)			X									
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X									
24V. Tetrachloroethylene (127-18-4)			X									
25V. Toluene (108-88-3)			X									
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X									
27V. 1,1,1-Trichloro-ethane (71-55-6)			X									
28V. 1,1,2-Trichloro-ethane (79-00-5)			X									
29V. Trichloroethylene (75-01-6)			X									
30V. Trichlorofluoromethane (75-88-4)			X									
31V. Vinyl Chloride (75-01-4)			X									
GC/MS FRACTION - ACID COMPOUNDS												
1A. 2-Chlorophenol (95-57-8)				X								
2A. 2,4-Dichlorophenol (120-83-2)				X								
3A. 2,4-Dimethylphenol (105-67-9)				X								
4A. 4,5-Dinitro-O-Cresol (534-52-1)				X								
5A. 2,4-Dinitrophenol (51-28-5)				X								
6A. 2-Nitrophenol (88-78-5)				X								
7A. 4-Nitrophenol (100-02-7)				X								
8A. P-Chloro-M-Cresol (59-50-7)				X								
9A. Pentachlorophenol (87-86-5)				X								
10A. Phenol (108-54-2)				X								
11A. 2,4,6-Trichlorophenol (88-05-2)				X								

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT			4. UNITS		5. INTAKE (optional)	
	a. TESTED	b. PRESENT	c. BELOW DETECTED AMOUNT	a. MAXIMUM DAILY VALUE (1)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSES (1)	e. CONCEN- TRATION (2) MASS CONCENTRATION	f. NO. OF ANALYSES (2) MASS CONCENTRATION
GC/M S FRACTION - BASE/NEUTRAL COMPOUNDS									
1B. Acenaphthene (83-32-9)			X						
2B. Acenaphylene (208-96-8)			X						
3B. Anthracene (120-12-7)			X						
4B. Benzidine (92-87-5)			X						
5B. Benzo (a) Anthracene (56-55-3)			X						
6B. Benzo (a) Pyrene (50-32-8)			X						
7B. 3,4-Benzo- fluoranthene (205-99-2)			X						
8B. Benzo (g,h,i) Perylene (191-24-2)			X						
9B. Benzo (k) Fluoranthene (207-08-9)			X						
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X						
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X						
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X						
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X						
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X						
15B. Butyl Benzyl Phthalate (65-68-7)			X						
16B. 2-Chloro- naphthalene (91-56-7)			X						
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X						
18B. Chrysene (218-01-9)			X						
19B. Dibenzo (a,h) Anthracene (53-70-3)			X						
20B. 1,2-Dichloro- benzene (95-50-1)			X						
21B. 1,3-Di-chloro- benzene (541-73-1)			X						

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. PRESENT	c. BELOW ABSENT	a. MAXIMUM DAILY VALUE (¹)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERG. VALUE (if available)	d. NO. OF ANALYSES	e. CONCEN- TRATION (¹)	f. NO. OF ANALYSES	g. AVERAGE VALUE ^a	h. NO. OF ANALYSES	i. MASS CONCENTRATION (¹)
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)												
22B. 1,4-Dichloro-benzene (106-46-7)		X										
23B. 3,3-Dichloro-benzidine (91-94-1)		X										
24B. Diethyl Phthalate (84-66-2)		X										
25B. Dimethyl Phthalate (131-1-3)		X										
26B. Di-N-Butyl Phthalate (84-74-2)		X										
27B. 2,4-Dinitrotoluene (121-14-2)		X										
28B. 2,6-Dinitrotoluene (606-20-2)		X										
29B. Di-N-Octyl Phthalate (117-84-0)		X										
30B. 1,2-Diphenyl-hydrazine (as Azo-benzene) (122-66-7)		X										
31B. Fluoranthene (206-44-0)		X										
32B. Fluorene (86-73-7)		X										
33B. Hexachlorobenzene (118-74-1)		X										
34B. Hexachlorobutadiene (87-68-3)		X										
35B. Hexachlorocyclopentadiene (77-47-4)		X										
36B. Hexachloroethane (67-72-1)		X										
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)		X										
38B. Isophorone (78-55-1)		X										
39B. Naphthalene (91-20-3)		X										
40B. Nitrobenzene (98-99-3)		X										
41B. N-Nitrosodimethylamine (62-75-9)		X										
42B. N-Nitrosodi-N-Propylamine (621-64-7)		X										

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
		b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	d. NO. OF ANALYSES
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)							
43B. N-Nitro- sodiphenylamine (86-30-6)		X					
44B. Phenanthrene (85-01-8)		X					
45B. Pyrene (112-00-0)		X					
46B. 1,2,4-Tri- chlorobenzene (120-82-1)		X					
GC/MS FRACTION - PESTICIDES							
1P. Aldrin (309-00-2)		X					
2P. α -BHC (319-84-6)		X					
3P. β -BHC (319-85-7)		X					
4P. γ -BHC (58-89-9)		X					
5P. δ -BHC (319-86-8)		X					
6P. Chlordane (57-74-9)		X					
7P. 4,4'-DDT (50-29-3)		X					
8P. 4,4'-DDE (72-55-9)		X					
9P. 4,4'-DDD (72-54-8)		X					
10P. Dieldrin (60-57-1)		X					
11P. α -Endosulfan (115-28-7)		X					
12P. β -Endosulfan (115-25-7)		X					
13P. Endosulfan Sulfate (1031-07-8)		X					
14P. Endrin (72-20-8)		X					
15P. Endrin Aldehyde (7421-93-4)		X					
16P. Heptachlor (76-44-8)		X					

CONTINUED FROM PAGE V-8

EPA I.D. NUMBER (copy from Item 1 of Form I)	OUTFALL NUMBER
	001

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELOWED PRESENT	c. BELOWED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MASS (2) MASS	c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCEN- TRATION (1) CONCENTRATION	b. MASS (2) MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	b. NO. OF ANALYSES	
GC/MS FRACTION - PESTICIDES (continued)												
17P. Heptachlor Epoxide (1024-57-3)			X									
18P. PCB-1242 (53489-21-9)			X									
19P. PCB-1254 (11097-69-1)			X									
20P. PCB-1221 (11104-28-2)			X									
21P. PCB-1232 (11141-16-5)			X									
22P. PCB-1248 (12872-29-6)			X									
23P. PCB-1260 (11096-82-5)			X									
24P. PCB-1016 (12674-11-2)			X									
25P. Toxaphene (8001-35-2)			X									

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form I*)Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.FORM
2C
NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001							Unnamed tributary to Stilwater Creek
002							Unnamed tributary to Stillwater Creek
003							Unnamed tributary to Stillwater Creek
004							Unnamed tributary to Stillwater Creek
005							Unnamed tributary to Stillwater Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
001			Storm water runoff	1-U
			Discharge to surface water	4-A
002			Storm water runoff	1-U
			Discharge to surface water	4-A
003			Storm water runoff	1-U
			Discharge to surface water	4-A
004			Storm water runoff	1-U
			Discharge to surface water	4-A
005			Storm water runoff	1-U
			Discharge to surface water	4-A
006			Storm water runoff	1-U
		Ohio Environmental Protection Agency Southeast District	Discharge to surface water	4-A

OFFICIAL USE ONLY (*effluent guidelines sub-categories*)

CONTINUED FROM THE FRONT

<p>C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?</p> <p><input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Section III)</p>								
1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
		1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY			
III. PRODUCTION								
<p>A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?</p> <p><input checked="" type="checkbox"/> YES (complete Item III-B) <input type="checkbox"/> NO (go to Section IV)</p>								
<p>B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?</p> <p><input checked="" type="checkbox"/> YES (complete Item III-C) <input type="checkbox"/> NO (go to Section IV)</p>								
<p>C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.</p>								
1. AVERAGE DAILY PRODUCTION						2. AFFECTED OUTFALLS (list outfall numbers)		
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)						
IV. IMPROVEMENTS								
<p>A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.</p> <p><input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Item IV-B)</p>								
1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT			4. FINAL COMPLIANCE DATE		
	a. NO.	b. SOURCE OF DISCHARGE				a. REQUIRED	b. PROJECTED	
<p>B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.</p> <p><input type="checkbox"/> MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED</p>								

EPA I.D. NUMBER (*copy from Item 1 of Form I*)

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS			
<p>A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided. NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.</p> <p>D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.</p>			
1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS			
<p>Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?</p> <p><input type="checkbox"/> YES (<i>list all such pollutants below</i>) <input checked="" type="checkbox"/> NO (<i>go to Item VI-B</i>)</p>			

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

 YES (identify the test(s) and describe their purposes below) NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

 YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

Barry J. Alexin, Engineer

B. PHONE NO. (area code & no.)

(330) 627-1400

C. SIGNATURE

D. DATE SIGNED

12-16-2013

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

	2. EFFLUENT				3. UNITS (specify if blank)				4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE (<i>if available</i>)	b. MAXIMUM 30 DAY VALUE (<i>if available</i>)	c. LONG TERM AVRG. VALUE (<i>if available</i>)	d. NO. OF ANALYSES	a. CONCENTRATION (¹)	b. MASS (¹)	a. CONCENTRATION (¹)	b. MASS (¹)	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES	b. CONCENTRATION (¹)	b. MASS (¹)
1. POLLUTANT	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)												
e. Ammonia (as N)												
f. Flow	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE
g. Temperature (winter)	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE
h. Temperature (summer)	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM					STANDARD UNITS			
2. MARK "X"												
1. POLLUTANT AND CAS NO. (<i>if available</i>)	^a . BELIEVED PRESENT	^b . BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (¹)	b. MAXIMUM 30 DAY VALUE (<i>if available</i>)	c. LONG TERM AVRG. VALUE (<i>if available</i>)	d. NO. OF ANALYSES	a. CONCENTRATION (¹)	b. MASS (¹)	a. CONCENTRATION (¹)	b. MASS (¹)	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
a. Bromide (2495-67-9)	X											
b. Chlorine, Total Residual	X	X										
c. Color	X	X										
d. Fecal Coliform	X	X										
e. Fluoride (16984-48-8)	X	X										
f. Nitrate-Nitrite (as N)	X	X										

PART B - Mark "X" in column 2-a for each pollutant you believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (<i>if available</i>)	3. EFFLUENT				4. UNITS				5. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE (¹)	b. MAXIMUM 30 DAY VALUE (<i>if available</i>)	c. LONG TERM AVRG. VALUE (<i>if available</i>)	d. NO. OF ANALYSES	a. CONCENTRATION (¹)	b. MASS (¹)	a. CONCENTRATION (¹)	b. MASS (¹)	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES		
a. Bromide (2495-67-9)	X											
b. Chlorine, Total Residual	X	X										
c. Color	X	X										
d. Fecal Coliform	X	X										
e. Fluoride (16984-48-8)	X	X										
f. Nitrate-Nitrite (as N)	X	X										

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"	3. EFFLUENT						4. UNITS						5. INTAKE (optional)	
		a. BELOWED PRESENT	b. BELOWED ABSENT	b. MAXIMUM DAILY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. CONCEN- TRATION		b. MASS CONCENTRATION (1) (2) MASS		b. NO. OF ANALYSES	
g. Nitrogen, Total Organic (as N)	X														
h. Oil and Grease	X	X													
i. Phosphorus (as P), Total (7723-14-0)	X														
j. Radioactivity															
(1) Alpha, Total	X														
(2) Beta, Total	X														
(3) Radium, Total	X														
(4) Radium 226, Total	X														
k. Sulfate (as SO ₄) (14803-79-8)	X														
l. Sulfide (as S)	X														
m. Sulfite (as SO ₃) (14265-45-3)	X														
n. Surfactants															
o. Aluminum, Total	X														
(7429-90-5)															
p. Barium, Total (7440-39-3)	X														
q. Boron, Total (7440-42-8)	X														
r. Cobalt, Total (7440-48-4)	X														
s. Iron, Total (7439-89-6)	X														
t. Magnesium, Total	X														
(7439-95-4)															
u. Molybdenum, Total	X														
(7439-98-7)															
v. Manganese, Total	X														
(7439-96-5)															
w. Tin, Total (7440-31-5)	X														
x. Titanium, Total	X														
(7440-32-6)															

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form J)	OUTFALL NUMBER 002
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PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2, 4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	b. MAXIMUM DAILY VALUE (¹) CONCENTRATION	c. LONG TERM AVERAGE VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSES	a. CONCENTRATION (¹) CONCENTRATION	b. MASS CONCENTRATION (¹) CONCENTRATION	a. CONCENTRATION (¹) CONCENTRATION	b. MASS CONCENTRATION (¹) CONCENTRATION	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS												
1M. Antimony, Total (7440-36-0)	<input checked="" type="checkbox"/>											
2M. Arsenic, Total (7440-38-2)		<input checked="" type="checkbox"/>										
3M. Beryllium, Total (7440-41-7)		<input checked="" type="checkbox"/>										
4M. Cadmium, Total (7440-43-9)		<input checked="" type="checkbox"/>										
5M. Chromium, Total (7440-47-3)		<input checked="" type="checkbox"/>										
6M. Copper, Total (7440-50-8)		<input checked="" type="checkbox"/>										
7M. Lead, Total (7439-92-1)		<input checked="" type="checkbox"/>										
8M. Mercury, Total (7439-91-6)		<input checked="" type="checkbox"/>										
9M. Nickel, Total (7440-02-0)		<input checked="" type="checkbox"/>										
10M. Selenium, Total (7782-49-2)		<input checked="" type="checkbox"/>										
11M. Silver, Total (7440-22-4)		<input checked="" type="checkbox"/>										
12M. Thallium, Total (7440-28-0)		<input checked="" type="checkbox"/>										
13M. Zinc, Total (7440-66-6)		<input checked="" type="checkbox"/>										
14M. Cyanide, Total (57-12-5)		<input checked="" type="checkbox"/>										
15M. Phenols, Total		<input checked="" type="checkbox"/>										
DIOXIN												
2,3,7,8-Tetra-chlorobiphenol-P-Dioxin (11764-01-6)			<input checked="" type="checkbox"/>									
DESCRIBE RESULTS												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. PREFERRED	c. BELOVED ABSENT	a. MAXIMUM DAILY VALUE (¹)	b. MAXIMUM 30 DAY VALUE (^{if available})	c. LONG TERM AVRG. VALUE (^{if available})	a. CONCENTRATION (¹)	b. MASS (²) MASS	a. CONCENTRATION (¹)	b. MASS (²) MASS	a. NO. OF ANALYSES	b. NO. OF ANALYSES
GC/MS FRACTION - VOLATILE COMPOUNDS												
1V. Acrolein (107-02-8)		X										
2V. Acrylonitrile (107-13-1)		X										
3V. Benzene (71-43-2)		X										
4V. Bis (Chloro-methyl) Ether (542-88-1)		X										
5V. Bromoform (75-26-2)		X										
6V. Carbon Tetrachloride (56-23-5)		X										
7V. Chlorobenzene (108-90-7)		X										
8V. Chlorodibromomethane (124-48-1)		X										
9V. Chloroethane (75-00-3)		X										
10V. 2-Chloroethylvinyl Ether (110-75-8)		X										
11V. Chloroform (67-66-3)		X										
12V. Dichlorobromomethane (75-21-4)		X										
13V. Dichlorodifluoromethane (75-71-8)		X										
14V. 1,1-Dichloroethane (75-34-3)		X										
15V. 1,2-Dichloroethane (107-06-2)		X										
16V. 1,1-Dichloroethylene (75-35-4)		X										
17V. 1,2-Dichloropropane (78-87-5)		X										
18V. 1,3-Dichloropropylene (542-75-8)		X										
19V. Ethylbenzene (100-41-4)		X										
20V. Methyl Bromide (74-83-9)		X										
21V. Methyl Chloride (74-87-3)		X										

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"	3. EFFLUENT			4. UNITS			5. INTAKE (optional)				
		a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (¹)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	a. CONCEN- TRATION (¹)	b. MASS CONCENTRATION (¹)	d. NO. OF ANALYSES	a. CONCEN- TRATION (¹)	b. MASS CONCENTRATION (¹)
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)												
22V. Methylene Chloride (75-09-2)	X											
23V. 1,1,2,2-Tetrachloroethane (79-34-5)		X										
24V. Tetrachloro-ethylene (127-18-4)		X										
25V. Toluene (108-88-3)	X											
26V. 1,2-Trans-Dichloroethylene (156-60-5)		X										
27V. 1,1,1-Trichloro-ethane (71-55-6)		X										
28V. 1,1,2-Trichloro-ethane (79-00-5)		X										
29V. Trichloro-ethylene (79-01-6)		X										
30V. Trichloro-fluoromethane (75-69-4)		X										
31V. Vinyl Chloride (75-01-4)	X											
GC/MS FRACTION - ACID COMPOUNDS												
1A. 2-Chlorophenol (95-57-8)			X									
2A. 2,4-Dichloro-phenol (120-83-2)			X									
3A. 2,4-Dimethyl-phenol (106-67-9)			X									
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X									
5A. 2,4-Dinitro-phenol (51-28-5)			X									
6A. 2-Nitrophenol (88-75-5)			X									
7A. 4-Nitrophenol (100-02-7)			X									
8A. P-Chloro-M-Cresol (59-50-7)			X									
9A. Pentachloro-phenol (87-86-5)			X									
10A. Phenol (108-95-2)			X									
11A. 2,4,6-Trichloro-phenol (88-05-2)			X									

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"	3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
		a. TESTING REQUIRED	b. BELIEVED PRESENT	c. MAXIMUM DAILY VALUE BELIEVED ABSENT CONCENTRATION (1) (2) MASS	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available) (1) (2) MASS	d. NO. OF ANALYSES	a. CONCEN- TRATION (1) (2) MASS	b. NO. OF ANALYSES	a. CONCEN- TRATION (1) (2) MASS
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS										
1B. Acenaphthene (83-32-9)	X									
2B. Acenaphthylene (208-96-9)		X								
3B. Anthracene (120-12-7)		X								
4B. Benzidine (92-87-5)		X								
5B. Benzo (a) Anthracene (56-55-3)		X								
6B. Benzo (a) Pyrene (50-32-8)		X								
7B. 3,4-Benzo- fluoranthene (205-99-2)		X								
8B. Benzo (ghi) Perylene (181-24-2)		X								
9B. Benzo (k) Fluoranthene (207-08-9)		X								
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)		X								
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)		X								
12B. Bis (2- Chlorosopropyl) Ether (102-80-1)		X								
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)		X								
14B. 4-Bromophenyl Phenyl Ether (101-55-3)		X								
15B. Butyl Benzyl Phthalate (85-68-7)		X								
16B. 2-Chloro- naphthalene (91-58-7)		X								
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)		X								
18B. Chrysene (218-01-9)		X								
19B. Dibenzo (a,h) Anthracene (53-70-3)		X								
20B. 1,2-Dichloro- benzene (95-50-1)		X								
21B. 1,3-Di-chloro- benzene (541-73-1)		X								

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. PRESENT	c. BELOW DETECTED ABSENT	a. MAXIMUM DAILY VALUE (¹)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVRG. VALUE (if available)	d. NO. OF ANALYSES	e. CONCEN- TRATION (¹)	f. NO. OF ANALYSES	g. CONCENTRATION (¹)	h. MASS CONCENTRATION (¹)	i. NO. OF ANALYSES
G/CMS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)												
22B. 1,4-Dichloro-benzene (106-46-7)		X										
23B. 3-Dichloro-benzidine (91-94-1)		X										
24B. Diethyl Phthalate (84-66-2)		X										
25B. Dimethyl Phthalate (131-71-3)		X										
26B. Di-N-Butyl Phthalate (84-74-2)		X										
27B. 2,4-Dinitrotoluene (121-14-2)		X										
28B. 2,6-Dinitrotoluene (606-20-2)		X										
29B. Di-N-Octyl Phthalate (117-84-0)		X										
30B. 1,2-Diphenyl-hydrazine (as Azo-benzene) (122-66-7)		X										
31B. Fluoranthene (206-44-0)		X										
32B. Fluorene (86-73-7)		X										
33B. Hexachlorobenzene (118-74-1)		X										
34B. Hexachlorobutadiene (87-68-3)		X										
35B. Hexachlorocyclopentadiene (77-47-4)		X										
36B. Hexachloroethane (67-72-1)		X										
37B. Indeno (1,2,3-Cd) Pyrene (193-39-5)		X										
38B. Isophorone (78-59-1)		X										
39B. Naphthalene (91-20-3)		X										
40B. Nitrobenzene (98-95-3)		X										
41B. N-Nitro-sodimethylamine (62-75-9)		X										
42B. N-Nitrosodi-N-Propylamine (621-64-7)		X										

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (¹)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERG. VALUE (if available)	d. NO. OF ANALYSES	a. CONCEN- TRATION (¹)	b. MASS CONCENTRATION (¹)	a. CONCEN- TRATION (¹)	b. MASS CONCENTRATION (¹)	a. LONG TERM AVERAGE VALUE (¹)
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)												
43B. N-Nitro- sodiphenylamine (86-30-6)		X										
44B. Phenanthrene (85-01-8)		X										
45B. Pyrene (129-00-0)		X										
46B. 1,2,4-Tri- chlorobenzene (120-82-1)		X										
GC/MS FRACTION - PESTICIDES												
1P. Aldrin (309-00-2)		X										
2P. α -BHC (319-82-6)		X										
3P. β -BHC (319-85-7)		X										
4P. γ -BHC (56-89-9)		X										
5P. δ -BHC (319-86-8)		X										
6P. Chlordane (57-74-9)		X										
7P. 4,4'-DDT (50-29-3)		X										
8P. 4,4'-DDE (72-55-9)		X										
9P. 4,4'-DDD (72-54-8)		X										
10P. Dieldrin (60-57-1)		X										
11P. α -Endosulfan (115-29-7)		X										
12P. β -Endosulfan (115-29-7)		X										
13P. Endosulfan Sulfate (1031-07-8)		X										
14P. Endrin (7421-93-4)		X										
15P. Endrin Aldehyde (7421-93-4)		X										
16P. Heptachlor (76-44-8)		X										

CONTINUED FROM PAGE V-8

EPA I.D. NUMBER (copy from Item 1 of Form I)	OUTFALL NUMBER
	002

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (if available)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	d. NO OF ANALYSES	e. CONCENTRATION (1) (2) MASS	f. CONCENTRATION (1) (2) MASS	g. AVERAGE VALUE	h. NO. OF ANALYSES	i. CONCENTRATION (1) (2) MASS
GC/MS FRACTION - PESTICIDES (continued)												
17P. Heptachlor Epoxyde (1024-57-3)		X										
18P. PCB-1242 (63468-21-9)		X										
19P. PCB-1254 (11097-69-1)		X										
20P. PCB-1221 (11104-28-2)		X										
21P. PCB-1232 (11141-16-5)		X										
22P. PCB-1248 (12672-29-6)		X										
23P. PCB-1260 (11096-82-5)		X										
24P. PCB-1016 (12674-11-2)		X										
25P. Toxaphene (8001-35-2)		X										

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form I)

FORM
2C
NPDES



U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001							Unnamed tributary to Stilwater Creek
002							Unnamed tributary to Stillwater Creek
003							Unnamed tributary to Stillwater Creek
004							Unnamed tributary to Stillwater Creek
005							Unnamed tributary to Stillwater Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
001			Storm water runoff	1-U
			Discharge to surface water	4-A
002			Storm water runoff	1-U
			Discharge to surface water	4-A
003			Storm water runoff	1-U
			Discharge to surface water	4-A
004			Storm water runoff	1-U
			Discharge to surface water	4-A
005			Storm water runoff	1-U
			Discharge to surface water	4-A
006	RECEIVED DEC 23 2013	Ohio Environmental Protection Agency Southeast District	Storm water runoff	1-U
			Discharge to surface water	4-A

OFFICIAL USE ONLY (effluent guidelines sub-categories)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

YES (complete the following table)

NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				C. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)	B. TOTAL VOLUME (specify with units)			
					1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

YES (complete Item III-B)

NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

YES (complete Item III-C)

NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. Affected Outfalls (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

YES (complete the following table)

NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. Affected Outfalls		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
 NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

 YES (*list all such pollutants below*) NO (*go to Item VI-B*)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

 YES (identify the test(s) and describe their purposes below) NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

 YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
Barry J. Alexin, Engineer	(330) 627-1400
C. SIGNATURE	D. DATE SIGNED

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same form) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

	2. EFFLUENT				3. UNITS (specify if blank)				4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE (⁽¹⁾ CONCENTRATION (2) MASS)	b. MAXIMUM 30 DAY VALUE (if available) (⁽¹⁾ CONCENTRATION (2) MASS)	c. LONG TERM AVRG. VALUE (if available) (⁽¹⁾ CONCENTRATION (2) MASS)	d. NO. OF ANALYSES	a. CONCENTRATION (⁽¹⁾ CONCENTRATION (2) MASS)	b. MASS	c. LONG TERM AVERAGE VALUE (⁽¹⁾ CONCENTRATION (2) MASS)	d. NO. OF ANALYSES	a. CONCENTRATION (⁽¹⁾ CONCENTRATION (2) MASS)	b. MASS	c. LONG TERM AVERAGE VALUE (⁽¹⁾ CONCENTRATION (2) MASS)	d. NO. OF ANALYSES
1. POLLUTANT												
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)												
e. Ammonia (as N)												
f. Flow	VALUE	VALUE	VALUE									
g. Temperature (winter)	VALUE	VALUE	VALUE									
h. Temperature (summer)	VALUE	VALUE	VALUE									
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM								
					STANDARD UNITS							
2. MARK "X"												
PART B -	Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.											
3. EFFLUENT												
1. POLLUTANT AND CAS NO. (<i>if available</i>)	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (⁽¹⁾ CONCENTRATION (2) MASS)	b. MAXIMUM 30 DAY VALUE (<i>if available</i>)	c. LONG TERM AVRG. VALUE (<i>if available</i>)	d. NO. OF ANALYSES	a. CONCENTRATION (⁽¹⁾ CONCENTRATION (2) MASS)	b. MASS	c. LONG TERM AVERAGE VALUE (⁽¹⁾ CONCENTRATION (2) MASS)	d. NO. OF ANALYSES	a. CONCENTRATION (⁽¹⁾ CONCENTRATION (2) MASS)	b. MASS
a. Bromide (2489-67-9)	X											
b. Chlorine, Total Residual	X											
c. Color	X											
d. Fecal Coliform	X											
e. Fluoride (16934-48-8)	X											
f. Nitrate-Nitrite (as N)	X											

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"	3. EFFLUENT		4. UNITS		5. INTAKE (optional)	
		a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (¹) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (¹) CONCENTRATION	c. LONG TERM AVRG. VALUE (^{if available})	d. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X						
h. Oil and Grease	X						
i. Phosphorous (as P), Total (7723-14-0)	X						
j. Radioactivity							
(1) Alpha, Total	X						
(2) Beta, Total	X						
(3) Radium, Total	X						
(4) Radium 226,	X						
k. Sulfate (as SO ₄) (1480-79-8)	X						
l. Sulfide (as S)	X						
m. Sulfite (as SO ₃) (14265-45-3)	X						
n. Surfactants	X						
o. Aluminum, Total (7429-90-5)	X						
p. Barium, Total (7440-39-3)	X						
q. Boron, Total (7440-42-8)	X						
r. Cobalt, Total (7440-48-4)	X						
s. Iron, Total (7439-89-6)	X						
t. Magnesium, Total (7439-95-4)	X						
u. Molybdenum, Total (7439-98-7)	X						
v. Manganese, Total (7439-86-5)	X						
w. Tin, Total (7440-31-5)	X						
x. Titanium, Total (7440-32-6)	X						

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. You must provide the results of at least one analysis for that pollutant. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

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PAGE V-3

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE <i>(optional)</i>		
	a. TESTING REQUIRED	b. BELOW PRESENT	c. BELOW ABSENT	a. MAXIMUM DAILY VALUE <i>(1)</i>	b. MAXIMUM 30 DAY VALUE <i>(if available)</i>	c. LONG TERM AVRG. VALUE <i>(if available)</i>	a. CONCEN- TRATION <i>(1)</i>	b. MASS CONCENTRATION <i>(2)</i>	a. CONCEN- TRATION <i>(1)</i>	b. MASS CONCENTRATION <i>(2)</i>	a. LONG TERM AVERAGE VALUE <i>(1)</i>	b. NO. OF ANALYSES
GC/MS FRACTION - VOLATILE COMPOUNDS												
1V. Acrolein (107-02-8)		X										
2V. Acrylonitrile (107-13-1)		X										
3V. Benzene (71-43-2)		X										
4V. Bis [Chloro- methyl] Ether (542-88-1)		X										
5V. Bromoform (75-25-2)		X										
6V. Carbon Tetrachloride (56-23-5)		X										
7V. Chlorobenzene (108-90-7)		X										
8V. Chlorodri- bromomethane (124-48-1)		X										
9V. Chloroethane (75-00-3)		X										
10V. 2-Chloro- ethylvinyl Ether (110-75-8)		X										
11V. Chloroform (67-86-3)		X										
12V. Dichloro- bromomethane (75-27-4)		X										
13V. Dichloro- difluoromethane (75-71-8)		X										
14V. 1,1-Dichloro- ethylene (75-34-3)		X										
15V. 1,2-Dichloro- ethane (107-06-2)		X										
16V. 1,1-Dichloro- ethylene (75-35-4)		X										
17V. 1,2-Dichloro- propane (78-87-5)		X										
18V. 1,3-Dichloro- propylene (542-75-6)		X										
19V. Ethylbenzene (100-41-4)		X										
20V. Methyl Bromide (74-83-9)		X										
21V. Methyl Chloride (74-87-3)		X										

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"	3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
		a. TESTED REQUIRED	b. BELOWED PRESENT	c. BELOWED ABSENT	a. MAXIMUM DAILY VALUE (<i>if available</i>)	b. MAXIMUM 30 DAY VALUE (<i>if available</i>)	c. LONG TERM AVRG. VALUE (<i>if available</i>)	a. CONCEN- TRATION (⁽¹⁾)	b. CONCEN- TRATION (⁽²⁾)	a. NO. OF ANALYSES
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)										
22V. Methylene Chloride (75-09-2)	X									
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X									
24V. Tetrachloroethylene (127-18-4)	X									
25V. Toluene (108-88-3)	X									
26V. 1,2-Trans-Dichloroethylene (156-50-5)	X									
27V. 1,1,1-Trichloro-ethane (71-55-6)	X									
28V. 1,1,2-Trichloro-ethane (79-00-5)	X									
29V. Trichloroethylene (78-01-6)	X									
30V. Trichlorofluoromethane (76-69-4)	X									
31V. Vinyl Chloride (75-01-4)	X									
GC/MS FRACTION - ACID COMPOUNDS										
1A. 2-Chlorophenol (95-57-8)	X									
2A. 2,4-Dichlorophenol (120-83-2)	X									
3A. 2,4-Dimethylphenol (105-67-9)	X									
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X									
5A. 2,4-Dinitro-phenol (51-28-5)	X									
6A. 2-Nitrophenol (88-75-5)	X									
7A. 4-Nitrophenol (100-02-7)	X									
8A. P-Chloro-M-Cresol (59-50-7)	X									
9A. Pentachlorophenol (87-86-5)	X									
10A. Phenol (108-95-2)	X									
11A. 2,4,6-Trichlorophenol (88-05-2)	X									

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELOWED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERG. VALUE (if available)	a. CONCEN- TRATION (1) CONCENTRATION (2) MASS	b. MASS	a. NO. OF ANALYSES	b. NO. OF ANALYSES	a. CONCEN- TRATION (1) CONCENTRATION (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS												
1B. Acenaphthene (63-32-9)	X											
2B. Acenaphthylene (208-96-8)		X										
3B. Anthracene (120-12-7)		X										
4B. Benzidine (92-87-5)		X										
5B. Benzo (a) Anthracene (56-55-3)		X										
6B. Benzo (a) Pyrene (50-32-8)		X										
7B. 3,4-Benzo- fluoranthene (205-99-2)		X										
8B. Benzo (g,h) Perylene (191-24-2)		X										
9B. Benzo (k) Fluoranthene (207-08-9)		X										
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)		X										
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)		X										
12B. Bis (2- Chlorovinyl) Ether (102-80-1)		X										
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)		X										
14B. 4-Bromophenyl Phenyl Ether (101-55-3)		X										
15B. Butyl Benzyl Phthalate (85-68-7)		X										
16B. 2-Chloro- naphthalene (91-58-7)		X										
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)		X										
18B. Chrysene (218-01-9)		X										
19B. Dibenzo (a,h) Anthracene (53-70-3)		X										
20B. 1,2-Dichloro- benzene (95-50-1)		X										
21B. 1,3-Dichloro- benzene (541-73-1)		X										

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" TESTED REQUIRED	3. EFFLUENT			4. UNITS			5. INTAKE (optional)			
		a. TESTED PRESENT	b. BELIEVED PRESENT	c. BELIEVED ABSENT	d. MAXIMUM DAILY VALUE (1) CONCENTRATION (2) MASS	e. MAXIMUM 30 DAY VALUE (if available)	f. LONG TERM AVERAGE VALUE (if available)	g. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS CONCENTRATION (1) (2) MASS	a. LONG TERM AVERAGE VALUE (1)
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)											
22B. 1,4-Dichloro-benzene (106-46-7)			X								
23B. 3,3-Dichloro-benzidine (91-94-1)			X								
24B. Diethyl Phthalate (84-66-2)			X								
25B. Dimethyl Phthalate (131-1-3)			X								
26B. Di-N-Butyl Phthalate (84-74-2)			X								
27B. 2,4-Dinitrotoluene (121-14-2)			X								
28B. 2,6-Dinitrotoluene (606-20-2)			X								
29B. Di-N-Octyl Phthalate (117-84-0)			X								
30B. 1,2-Diphenyl-hydrazine (as Azo-benzene) (122-66-7)			X								
31B. Fluoranthene (206-44-0)			X								
32B. Fluorene (86-73-7)			X								
33B. Hexachlorobenzene (118-74-1)			X								
34B. Hexachlorobutadiene (87-68-3)			X								
35B. Hexachlorocyclopentadiene (77-47-4)			X								
36B. Hexachloro-ethane (67-72-1)			X								
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X								
38B. Isophorone (78-39-1)			X								
39B. Naphthalene (91-20-3)			X								
40B. Nitrobenzene (98-95-3)			X								
41B. N-Nitrosodimethylamine (62-75-9)			X								
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X								

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTED	b. PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERG. VALUE (if available)	(1) CONCENTRATION	(2) MASS CONCENTRATION	a. CONCEN- TRATION	b. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)												
43B. N-Nitroso-diphenylamine (86-30-6)			X									
44B. Phenanthrene (85-01-8)			X									
45B. Pyrene (129-00-0)			X									
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X									
GC/MS FRACTION - PESTICIDES												
1P. Aldrin (309-0-2)			X									
2P. α -BHC (319-84-6)			X									
3P. β -BHC (319-85-7)			X									
4P. γ -BHC (58-89-9)			X									
5P. δ -BHC (319-86-8)			X									
6P. Chlordane (57-74-9)			X									
7P. 4,4'-DDT (56-28-3)			X									
8P. 4,4'-DDE (72-55-9)			X									
9P. 4,4'-DDD (72-64-8)			X									
10P. Dieldrin (60-57-1)			X									
11P. α -Endosulfan (115-29-7)			X									
12P. β -Endosulfan (115-29-7)			X									
13P. Endosulfan Sulfate (1031-07-8)			X									
14P. Endrin (72-20-8)			X									
15P. Endrin Aldehyde (7421-93-4)			X									
16P. Heptachlor (76-44-8)			X									

CONTINUED FROM PAGE V-8

EPA I.D. NUMBER (copy from Item 1 of Form I)	OUTFALL NUMBER
	003

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT			4. UNITS			5. INTAKE (optional)		
	a. TESTING REQUIRED	b. PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (if available)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSES	e. CONCENTRATION (1) (2) MASS CONCENTRATION	f. CONCENTRATION (1) (2) MASS CONCENTRATION	g. NO. OF ANALYSES	h. CONCENTRATION (1) (2) MASS CONCENTRATION	i. NO. OF ANALYSES
GC/MS FRACTION - PESTICIDES (continued)												
17P. Heptachlor Epoxide (1024-57-3)		X										
18P. PCB-1242 (53465-21-9)		X										
19P. PCB-1254 (11087-69-1)		X										
20P. PCB-1221 (11104-28-2)		X										
21P. PCB-1232 (11141-16-5)		X										
22P. PCB-1248 (12672-29-6)		X										
23P. PCB-1260 (11086-82-5)		X										
24P. PCB-1016 (12674-11-2)		X										
25P. Toxaphene (8001-35-2)		X										